

FILED NOV 1 1944

Registration District No. **818**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3832 Windsor  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days) STAFFORD

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3832 Windsor  
(If rural, give location) 11  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Della Thomas Williams  
**3. (b) If veteran,** name war \_\_\_\_\_  
**3. (c) Social Security No.** 497-03-8987  
**4. Sex** female **5. Color or race** Negro  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Richard Williams  
**6. (c) Age of husband or wife if alive** 47 years  
**7. Birth date of deceased** Oct. 1 1899  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH** Month Oct. day 19 1944  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_  
\_\_\_\_\_ 1944 to Oct 19 1944  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>45</u>	<u>0</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death: Hypertensive  
Heart Disease  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

**9. Birthplace** Edward Miss.  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** At home

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: no

**11. Usual occupation of business** \_\_\_\_\_  
**12. Name** Berry Stafford  
**13. Birthplace** Miss.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Ellen Spencer  
**15. Birthplace** Miss.  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** Berry Stafford  
**(b) Address** 3832 Windsor  
**17. (a) Burial** Burial **(b) Date thereof** 10-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Washington Park Cem.  
**18. (a) Signature of funeral director** English Und. Co.  
**(b) Address** 2931 Lucas Ave.  
**19. (a) Date received local registrar** Oct 20 1944 **(b) J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

**22. If death was due to external causes, fill in the following:**  
**(a) Accident, suicide, or homicide (specify)** \_\_\_\_\_  
**(b) Date of occurrence** \_\_\_\_\_  
**(c) Where did injury occur?** \_\_\_\_\_ (City or town) (County) (State)  
**(d) Did injury occur in or about home, on farm, in industrial place, in public place?** \_\_\_\_\_  
While at work? \_\_\_\_\_ **(a) Means of injury** \_\_\_\_\_  
**23. Signature** \_\_\_\_\_ **Date signed** \_\_\_\_\_  
**Address** \_\_\_\_\_

ET Taylor

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Burleson English*

Licensed Embalmer No.....

*4208*

P. O. Address.....

*2931 Lucas Ave*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

State of Missouri  
County of City of St. Louis ss.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 5317

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 8888

On this 26<sup>th</sup> day of January, 1945, before me appears Floyd English, who, upon his oath, states that the original record of ~~birth~~ death

for Della Thomas, died October - 19<sup>th</sup>, 1944, in the State of Missouri, and which was filed at St. Louis on October - 20 - 19<sup>th</sup>, 1944, should be corrected as follows:

Item No. 3-A should read Della Stafford Williams

Instead of Della Thomas

Item No. B-B should read Richard Williams

Instead of Richard Thomas

Item No. 3-C should read 497-03-8967

Instead of being blank

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL) \_\_\_\_\_  
X Affiant Floyd English, Notary Public  
Relationship \_\_\_\_\_

2931 Lucas  
Present Address.

Subscribed and sworn to before me this 26 day of Jan, 1945

My Commission expires March 4, 1945  
Edna Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

